PLACE OF BIRTH  1. County of Lila	ARIZONA STATE BOAL	_
District of Globe Town of Globe	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH	State Index No. 156 County Registrar No. 10 Local Registrar No.
2. Full name of child	(If birth occurred in a hospital or institution, give	St Ward its NAME instead of street and number  If child is not yet named, mak supplemental report, as directed
3. Sex of Child To be answered ONLY in event of plural births.	ather	Date 1) 13 2 3 of birth Month Day Year
8. FATHER Full name alberto Bomin	Full maiden name Lab	mother movaris
	Fill, ary.  15. Residence (Usual place of abode If nonresident, give place)	e) Globe, any.
18. Calor or race	t birthday 3. S. (Years) mex.	17. Age at last birthday 3 2(Yes
12. Birthplace (city or place)	18. Birthplace (city or p. (State or country)	lace) Myona
13. Occupation Nature of industry	19. Occupation  Nature of industry	Honsewife
26. Number of children of this mother  (Taken as of time of birth of child herein certified and including this child.)		e precautions taken drainst oph- min neonatorum?
CERTII  I hereby certify that I attended the birth	of this child, who was (Born aliye or stillborn.)	at A.M., on the date above sta
When there was no attending physicis or midwife, then the father, householde oten, should make this return. A stillbouchtid is one that neither breathes nor should be the condense of life after birth.	m	(Physician or midwife)
Given name added from a supplemental report	Filed 12 - 15 1923	Lacd Registrar.
Registrar.		Odnut recommen

349-1113-752